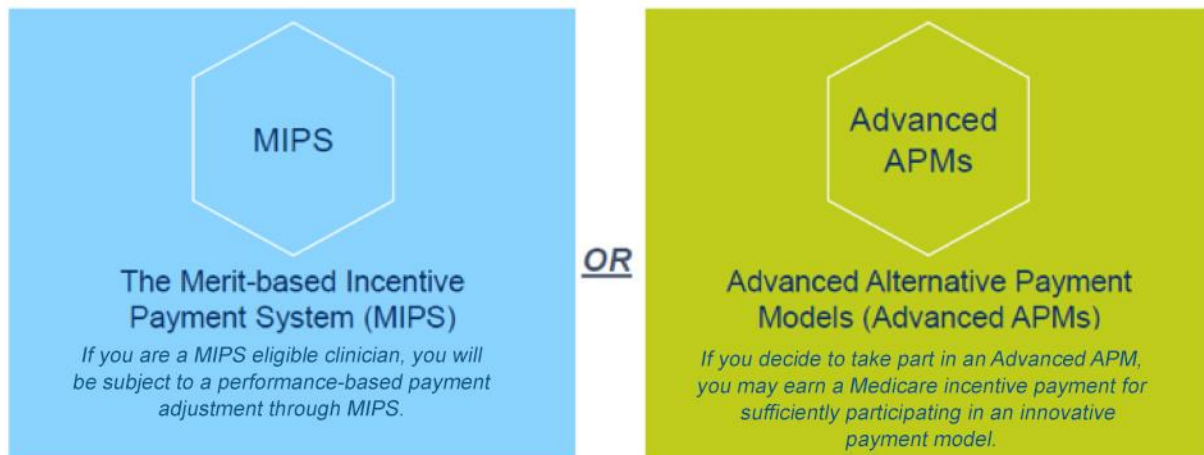


Quality Payment PROGRAM

2018 Call for Promoting Interoperability Measures and Improvement Activities

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have made major cuts to payment rates for clinicians participating in Medicare. The law requires us to implement the Quality Payment Program and gives you 2 ways to participate:



Under MIPS, there are 4 performance categories that affect your future Medicare payments. Each performance category is scored by itself and has a specific weight that's part of the MIPS Final Score. The MIPS payment adjustment assessed for MIPS eligible clinicians is based on the Final Score. These are the performance category weights for the 2018 performance period:



MIPS Performance Categories for Year 2 (2018)



What is the MIPS Annual Call for Measures and Activities?

The “Annual Call for Measures and Activities” process asks these stakeholders and others for their feedback:

- Clinicians
- Professional associations and medical societies that represent eligible clinicians
- Researchers
- Consumer groups
- Other stakeholders


Specifically, we’re asking them to find and send us:

- Electronic Health Record (EHR) measures for the Promoting Interoperability (formerly Advancing Care Information) performance category
- Activities for the Improvement Activities performance categories for consideration

The way we choose the Quality Payment Program’s Promoting Interoperability and Improvement Activities performance categories is similar to how we choose quality measures, with some important differences in submission methods and evaluation processes. Like with quality measures, we ask stakeholders to be involved in the focus and evolution of the measures and activities. We’re committed to working with our stakeholders and listening to their suggestions to improve quality, value of care, and patient outcomes.

In early March, we will also be providing additional information on the Annual Call for Quality measures.

Right now, we won’t accept Government Performance and Results Act (GPRA) measures that Tribes and Urban Indian health organizations are already required to report as quality measures. There are many GPRA measures that are similar to measures that are already in the program. Also, some GPRA measures are similar to measures that are part of a Core Quality Measure Collaborative (CQMC) core measure set.



As much as possible, we want to reduce the duplication of measures and to align with measures used by private payers. If there are measures reportable within GPRA that don't duplicate MIPS measures, we urge our stakeholders to work with measure owners to submit them during our annual Call for Measures.

When Do We Pick Measures and Activities?

We use stakeholder feedback to pick measures and activities that are:

- Applicable
- Feasible
- Reliable
- Valid at the individual clinician level
- Not the same as existing measures and activities for notice and comment rulemaking

The recommended list of new measures and activities is publicly available for comment for a set period of time. We evaluate the comments we get from the rulemaking process before we make a final choice.

A final annual list of measures and activities for MIPS eligible clinicians will be published in the Federal Register no later than November 1 of the year before the first day of a performance period.

This means that for the 2019 program year, EHR measures for the Promoting Interoperability performance category and activities for the Improvement Activities performance categories published in the “Federal Register” will be available November 1, 2018.

We'll post all final measures and activities we pick on <https://qpp.cms.gov>. Since the measures and activities are different for each MIPS performance category, each category has a slightly different submission process. We give the requirements for each category below.


Promoting Interoperability Performance Category

What are the Promoting Interoperability EHR measures?

EHR measures in the Promoting Interoperability performance category are tools that help us measure the use of certified EHR technology (CEHRT). These measures focus on interoperability, the secure exchange of health information and the use of CEHRT to promote patient engagement and care coordination.

MIPS eligible clinicians have the flexibility to focus on the measures that apply most to their scope of practice. Having this flexibility allows MIPS eligible clinicians to choose how they demonstrate that the way they use CEHRT is efficient and effective in a way that works best for their practice.

Over the past few years, almost 500,000 providers have adopted EHR technology in their practices to:

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- Capture data in a structured format
 - Exchange important health information across settings
 - Give patients electronic access to their health care data
 - Use technology to raise provider and patient engagement

The Quality Payment Program provides the opportunity to measure EHR performance in new ways by letting us build on prior experiences with EHR measurement, to move toward a more holistic approach to advanced measurement of EHR use in the clinical setting.

How Do We Pick EHR Measures?

We're especially interested in adding measures to our programs that:

- Build on the advanced use of CEHRT using 2015 Edition Standards and Certification Criteria to raise health information exchange and interoperability
- Focus on promoting interoperability
- Keep improving program efficiency, effectiveness, and flexibility
- Measure patient outcomes and focus on patient safety and engagement
- Support MIPS improvement activities and quality performance categories

In light of those goals, we plan to use the following criteria as part of our measure selection process. Specifically, we are looking for measures that:


- Promote interoperability and health information exchange
- Highlight better beneficiary health outcomes, patient engagement, and safety
- Could improve program efficiency, effectiveness, and flexibility
- Would add to improving patient care practices, reduce reporting burden, or includes an emerging certified health IT functionality or capability
- Aren't the same as existing objectives and measures
- Can be implemented
- Can be validated

We are also seeking measures that are applicable to:

- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Certified Registered Nurse Anesthetists (CRNAs)
- Clinical Nurse Specialists (CNSs)

What is the EHR Measures Submission Process?

Starting on February 1, 2018, we're giving stakeholders the chance to submit measures for us to consider for the Promoting Interoperability performance category using the criteria outlined in the section above. We note that we'll only review EHR measures that utilize the 2015 Edition, which builds upon health information exchange and interoperability.



Here's the general measure submission process:

Send measures for consideration using the Promoting Interoperability submission form (Appendix 2), and all other communications or questions about the EHR measure submission process to CMSCallForACIMeasures@gdit.com. The submission form (Appendix 2) asks for:

- Measure description
- Measure type (if applicable), such as outcome measure, process measure, patient safety measure, etc.
- Measure numerator and numerator description
- Measure denominator and denominator description
- Any applicable measure exclusions
- CEHRT functionalities used

We'll review and evaluate proposed measures for applicability and feasibility.

Improvement Activities Performance Category

What are the Improvement Activities?

In the Improvement Activities performance category, MIPS eligible clinicians attest that they've participated in activities that improve clinical practice, such as shared decision making, coordinating care, and increasing access.

The full list of improvement activities that eligible clinicians can pick from is in the "MIPS Improvement Activities fact sheet," at the [Quality Payment Program resource library](#).

Clinicians choose from 100+ activities in these 9 subcategories:

1. Expanded Practice Access
2. Population Management
3. Care Coordination
4. Beneficiary Engagement
5. Patient Safety and Practice Assessment
6. Participation in an APM
7. Achieving Health Equity
8. Behavioral and Mental Health
9. Emergency Preparedness and Response

How Do We Pick Improvement Activities?

For the Quality Payment Program Year 3 and after, stakeholders can use the Annual Call for Activities process to submit new activities for us to consider or ask for updates to current activities in the Improvement Activities Inventory. Eligible clinicians, professional organizations and other relevant stakeholder's, including beneficiaries, are encouraged to submit Improvement Activities for us to consider adding to the inventory. We'll collect the activities submitted to the Annual Call for Activities on an Improvement Activities Under Review (IAUR) list. We'll post the IAUR list on the [Quality Payment Program resource library](#).

It is important to distinguish Improvement Activities from quality measures that are found in the Quality performance category of MIPS. Unlike a quality measure, Improvement Activities represent activities that do not contain the elements of a quality measure. For example, Improvement Activities do not have a numerator, a denominator, or exclusions.

We'll consider including Improvement Activity nominations submitted by March 1, 2018 in the Quality Payment Program Year 3 (2019). We'll consider any submissions we get after the March 1 deadline in the next performance period activities cycle.

MIPS Improvement Activities submitted for consideration should meet at least 1 of the criteria below because we'll use the criteria to pick Improvement Activities to include in the program. Submitters should ensure that new proposed activities do not duplicate existing ones.

- Relevance to an existing improvement activities subcategory (or a proposed new subcategory)
- Importance of an activity in achieving improved beneficiary health outcome
- Importance of an activity that could lead to improvement in practice to reduce health care disparities
- CMS is able to validate the activity
- Aligned with patient-centered medical homes
- Focus on meaningful actions from the person and family's point of view*
- Supports the patient's family or personal caregiver*
- May be considered for a Promoting Interoperability bonus
- Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care)
- Feasibility to implement, recognizing importance in minimizing burden, especially for small practices, practices in rural areas, or in areas designated as geographic health professional shortage areas (HPSAs) by the Health Resources and Services Administration (HRSA)
- Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes

**New submission criteria for 2019*

Please note that proposing a new improvement activity for consideration to be included in the Quality Payment Program is completely voluntary and not a requirement of participation.



What is the Process for Submitting Improvement Activities?

Activities recommended for inclusion should be sent using the Improvement Activities template to CMSCallforActivities@abtassoc.com. All communication about recommended Improvement Activities, including determinations and follow-up questions for submitters, will come from this email address.